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A MEDICO-LEGAL TREATISE ON MALPRACTICE AND MEDICAL
EVIDENCE.—A REVIEW.*

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FONBLANQUE, a distinguished English barrister, and Paris, an equally distinguished physician, united their forces and professions in a work on Medical Jurisprudence, and the product of the connection was an excellent treatise on that important subject. It sometimes reminds us of the tessellated piece of mosaic of Burke, with here a bit of black stone, and there a bit of white; but it loses not an atom of interest in the admixture, or the variety. We are reminded here of an edition of Blackstone's Commentaries, with notes by an American barrister named *White*, and to which the above quotation from Burke was with great felicity applied by a brother limb of the law. But let this pass.

We have just read a new American work on Medical Jurisprudence, the literary history of which reminded us of the co-partnership of Paris and Fonblanque. Dr. Elwell, the author of the volume before us, having studied and practised medicine for several years, turned over a new leaf, and studied and practised law for as long a time, and now presents us with the product of the two professions, united by a Siamese form of attachment, which makes it as easy to work for and with one, as for and with the other. The design in this work, it will be seen, is novel, and it is excellently well accomplished. If it do not sustain the old adage that two of a trade can never agree, it certainly does prove that two of the most diverse callings may act in perfect harmony, and for the equal benefit of both.

* A Medico-Legal Treatise on Malpractice and Medical Evidence, comprising the Elements of Medical Jurisprudence. By JOHN J. ELWELL, M.D., Member of the Cleveland Bar. "A doctor who knows nothing of law, and a lawyer who knows nothing of medicine, are deficient in essential requisites of their respective professions."—DAVID PAUL BROWN. New York: John S. Voorhies, No. 20 Nassau St. Cleveland, Ohio: Alfred Elwell & Co. 1860.

Dr. Elwell's work is divided into forty-two chapters, fifteen of which, or 232 pages, of 582, are devoted to malpractice. This, perhaps, is the most important part of the work. It treats of malpractice in all its varieties—with highly interesting illustrations in adjudicated cases, drawn from the very best sources in the books of both Europe and America. The arrangement of the various subjects treated is excellent; and the references to the highest authorities will enable the reader to consult them with perfect ease. In this part of the work the author has furnished abundant proof of careful, honest study, and the best evidence of the value of his work.

Following Malpractice, are several chapters on Evidence, its principles and application. We have in this department the same assurance of the fidelity of the author as in the preceding. To the physician these chapters are of special value. In no department of professional duty does he meet with so many and so grave embarrassments, so much often to regret, or to be mortified about, as in that which connects him with the administration of the criminal law; and grateful must he be to him who has done so much to make these evils less. Dr. Elwell has labored to make clear to the medical man this very obscure subject. He knows what the medical man most needs in preparation for his public duties. His two professions have taught him what these duties are, and what is required in their performance.

The next subject is Insanity. In treating this we are very glad to find so much thought and space devoted to Moral Insanity, so called to distinguish it from the intellectual. We do not quite agree with Dr. E. in regard to this very interesting subject; but are willing to confess that we have not met with any discussion of it which has appeared more free from prejudice.

The next, and closing, chapters are on Poisons, Infanticide, Wounds, Rape, Coroner's Offices and Inquests.

Criminal Abortion has a distinct place in this work, and quotations are made from Dr. H. R. Storer's valuable contributions to this subject. Especially valuable are his statistics, which show how wide spread is this crime; and physicians know how frequent is criminal abortion in this State of Massachusetts, and in this city of Boston.

Mrs. A. called on Dr. — for some uterine trouble, and expressed a strong will to have children. "Have you ever been pregnant?" "Yes, twice. It happened soon after I was married, several years ago, and I had abortions produced, because it was very inconvenient for me to have a family so soon after marriage. For years have I wished to have children and have failed. I am nearly 40, and the time will soon have gone by for me to have them. Mrs. —, my friend, does not mean to have children, and has miscarried several years in succession. Her health is perfect, and her abortions give her no trouble." From this history

it would seem that Mrs. — thinks it a sort of moral duty to get rid of the fœtus as soon as she knows she is pregnant. She has no desire for, or interest in, children, and would not know what to do with them. If she must conceive, she says she has a perfect right to get rid of the product of conception.

A case is in mind in which abortion was produced by the pregnant woman herself. She was quite young—16 or 17—had been married three months, had twice missed the catamenia, and, from this and other signs, believed herself pregnant. This was wholly unexpected to her. It surprised her, and she was determined not to submit to it. Various means were resorted to. Among others, and the last, was spurred rye. She got a quarter of a pound of the powder, and literally eat it all, and this rapidly. Violent and steady pain occurred in the abdomen, with swelling and soreness. Intermitting bearing-down pains at length came on, with hæmorrhage, and we were sent for. Things were found as above described, and the ovum partly out of the womb. It was soon expelled, and comparative ease followed. After very serious and dangerous illness the patient recovered. In this case the abortion was not the result of *specific* action of ergot. The womb was called into morbid action in consequence of the universal disease produced by the spurred rye. The woman was poisoned by it, and it was entirely through the constitutional disturbance produced, that the expulsion of the ovum took place. We have no *specifics* for producing abortion. Death frequently follows instrumental abortion, and when this is not its consequence, we have often produced diseased conditions which are never recovered from.

But why multiply instances? What is the remedy of so much evil? It has been looked for in law. But, as is shown in a late number of this JOURNAL, without effect. And why this? Because it is impossible to obtain witnesses of the commission of the crime. If the woman gets well, she will never criminate herself. But if she dies? The law cannot reach such a death. The woman goes alone to the abortionist's house, and there the operation is done. She goes home, is seized with flooding, inflammation, and dies. Suppose the agent is suspected, and the suspicion leads to his arrest. The government can do nothing. The plea is "not guilty," and who is in court, or who can be found to gainsay it? We have talked with a late attorney for the County of Suffolk. He said he had never gained a conviction. Cases had occurred which promised success, but had entirely failed. We have heard of a case which promised better. The woman went with a friend—the abortion was procured, and the woman died. A person was suspected of the crime, was arrested—but he *married the friend*. She was the only witness, but her competency, as such, was destroyed by the coverture. The above is given as reported, and is one of the most extraordinary cases in the history of our criminal abortion. It shows more strongly than any other how useless is law in such an application.

It were ludicrous, this mode of escaping the law, were there not so much that is immeasurably sad and terrible connected with it. Here was a double killing of mother and child; and most likely under an assurance that one party at least would be safe.

An instance is in my memory, somewhat like the above, at least as showing how ineffectual is law here. A woman who had suddenly disappeared from her place of residence was traced to Boston, and to the house of an abortionist in very large business, now dead. She was next traced to Cambridgeport, where she became suddenly ill. She died soon after giving birth to a child of a few months from conception. There was an autopsy, and peritoneal inflammation, extensive and strongly marked, was found. She was brought to Boston and buried in the cemetery on the Neck. A stranger, wearing a white hat, was in the graveyard at the burial, and was carefully observed by the undertaker and his assistants. Persons who had learned the whereabouts of the woman—her friends—came to Boston to examine the body for identification. The grave was opened, *but the body was gone*. The stranger with the *white hat* was described to these friends, but circumstances arose which put an end to further investigation. We see in such cases as these where is the real difficulty in their legal investigation. There is no such interest in the discoveries of the law, as there is sympathy for the dead, and this sympathy exists in the hearts and minds of the nearest and dearest friends. They want to learn what has become of the missing, and if dead and buried, where? Their errand is to the grave, and with its revelations the scrutiny ends. And is not all this too natural not to be even sympathized with, out of the circle in which the death and the crime have occurred? Brutuses are not in the roll of the latest civilization, and a father would shrink from the bench were a son on trial for his life. And so do friends of the betrayed or voluntary criminal from those who destroy, or who have destroyed, the evidence of her guilt.

Many, many cases are in memory of women who have produced abortion on themselves. Many, many of these have suffered long afterwards, and many have had disease and permanent invalidism follow, making their lives most miserable. A question occurs, shall the physician attend such cases, either in their acute or chronic stages? This question is alluded to because it has been raised; not that we raise it. The answer is at hand. We must always minister to disease. Sydenham settled this case for himself and for his profession long ago. He was asked if one is obliged to attend cases of syphilis—or whether such attendance did not tend to encourage vice. Sydenham's answer, if memory serves, was that the paramount duty of the physician was to cure disease under whatever forms or circumstances produced—that this duty involved the investigation, the study of all diseases; to cure and to prevent after-morbid consequences, as in the instance of syphilis. We are for the most part obliged to act as the indications of these

cases of abortion suggest, for it is rare with us to get confession of what we believe has been done, and has made the case what it is. But the confession is sometimes volunteered, and especially when chronic disease, the consequence of procured abortion, comes before us for relief. And if made, how often is it with circumstances which, if they do not palliate the wrong done, in our own apprehension of it; show under what almost irresistible motives it has been accomplished. Among these are the memories of mature labors, the subsequent illnesses and dangers, the inability to nurse and the consequent disease and death of children, the want of means to support a family. In such cases as these have we not mental conditions which to the sufferer present reasons for acting which are not controllable, or in which responsibility almost ceases? Take, then, into account also, the mental and physical attendants on pregnancy, especially early pregnancy—the signs, or, more correctly, the diseases of that state, and we may understand at least what are the difficulties of enduring such state, and the strength of that temptation to have done, or to do, what will end them. And last, but not least, the deep, deep sense of shame with which pregnancy and mature childbirth are regarded by the unmarried. No one but the physician can understand what are the mental states of such persons—how nearly they approach to, if they do not reach, that of insanity. Every sort of motive—appeals are made to his deepest feelings, money is offered, considerations of character pressed with almost irresistible eloquence, ruin here and hereafter, tears, entreaties, everything is said and done which can be addressed to him, and he resists it all. He states the dangers of the process to destroy pregnancy, the criminal character of the act, the weight of the law. The applicant is not convinced. She leaves him, and either finds some other agent, or accomplishes the object herself.

In what is here said of circumstances which may explain, but hardly palliate the voluntary abortion, our reference in part is to married women who have already suffered gravely during pregnancy, and more especially during delivery, so that to die would be gain, if death offered the only means of preventing such protracted, such intolerable suffering. Resort to abortion in such cases is, as far as we are acquainted with instances, exceedingly rare, and they have been revealed to us in order to explain existing chronic diseased conditions, assist their investigation, and to guide the treatment.

There are cases in which premature labor may be induced to save mother and child. We refer to instances in which there is so much deformity and consequent diminution in the pelvis as will prevent the mature fœtus passing. In such cases, labor may be induced at the seventh month, with good chance of preserving the life of both fœtus and mother. If so much deformity exists that a

seventh month child cannot pass, then labor should be induced earlier. All writers agree that the mother must partake with the child in the dangers of both premature and mature delivery—in other words, the foetus, or unborn child, is to be sacrificed only when the safety of the mother without question demands it. If it is fully ascertained that the foetus is already dead, that mode of delivery which will best secure the parent's safety should be adopted.

There is one other contingency under which abortion or premature delivery may be induced, viz., the presence of such diseases or conditions of pregnancy as, if allowed to continue, may prove fatal; and for the cure of which the best means have been faithfully tried, and in vain. Thus, vomiting in the early or late months may be so constant and so severe as to threaten life. This may be good reason for forced delivery.

We believe we have stated all the contingencies which may justify abortion or premature delivery.

THE PHYSICIAN IN COURT.

The physician may be in court as a witness, as plaintiff, and as defendant. Under whatever circumstances, it is one of the most disagreeable calls he may ever be required to make. Let us look at him there as a witness—as an expert.

Is he obliged to go? Yes.

How is his presence there required? By summons.

He cannot resist it? No. Should he fail to obey the summons, this would be contempt—a malicious act—and punishable by fine or imprisonment, or both.

If very inconvenient to him to go at the moment, may he delay attendance? This depends on circumstances. We had, between one and two o'clock, one summer's day, just driven to our door, and was getting out of our carriage, when, at that moment, a person stepped up with a paper in his hand, which proved to be a summons requiring our immediate attendance at the Supreme Court. This was peremptory enough. So off we went, whip in hand, to court. The cause was an amicable one, between the heirs of a large estate, one of whom had been born after the death of his father, and the question related to the legitimate length of pregnancy. I asked for a copy of Hargrave and Butler on Coke on Littleton, for in it is an opinion of William Hunter on this important subject, and a higher authority does not exist. The book was brought, the opinion found, read, and our humble testimony given in its support, and our office in court, for that time at least, was accomplished, and we have no doubt that the posthumous young gentleman got his share of his father's property. For ourselves, and our office, we got seven-and-sixpence, and four cents for travel, it being a presumption, or a fiction of law—it was clearly the last—that the travel from our

door-step at or near the corner of Tremont and Court Streets, was a measured mile from the Court House in Court Square—a mile which we got over much under 2.40.

The physician is called into court as a witness in the most important causes—causes in which life, or honor, or property are at stake, and in the determination of which he is to be an important agent. In the performance of his office his own character takes, or has, a deep interest. As an expert, he is understood to be thoroughly acquainted with the most important portion of the subject matter before the court; and on his skill or ability to present his knowledge on questions involved, may the result of the trial depend.

What now are the facts in such a history which makes the office so peculiarly embarrassing to the medical man?

In the first place, these come out of his personal, intellectual, moral and physical endowments—of his knowledge, his moral power, and his manner.

Who are his audience? Twelve men—the jury.

Why this number? In early England, the jury was composed of all the freemen, having a certain money qualification, in any place in which a court was sitting; a majority of twelve of these decided any cause in hearing. But why twelve now? The oldest vestige of this change is found under Henry II., in the Constitutions of Clarendon, so named because they were made in a parliament held in a small English village of that name, in 1164, and in Northampton in 1174. Civil as well as criminal contests were now to be decided by twelve respectable men of the neighborhood, and from this time the trial by jury has remained unaltered in England, and in America, to which the English colonists brought it, the unanimous vote of the twelve only giving a valid decision, which was the verdict—*true word*. Thus were the people and their affairs, when in controversy, tried by their peers. In the House of Lords, however, matters were managed differently. The lords being peerless, could only be tried by themselves, and so each lord votes. But a majority of twelve votes is necessary to a valid condemnation. The right of peremptory challenge differs in the jury of twelve, and that of all the lords. The accused may challenge twelve of the former body. In the last, thirty-five, or one less than three times the number required for conviction in the jury of twelve.

Henry killed, or had killed, Thomas à Becket. B. had already provoked the king's displeasure in 1163, the year before that of the celebrated Clarendon constitution; and to this he swore he would never assent, on account of some provisions concerning the clergy. Becket at last assented to it. Then followed much more to irritate Henry; until at length he commissioned four men to kill him, which they did. May we not pardon this act of terrible violence, in the memory and enjoyment of the blessings which have come out of the final settlement of the trial by jury?

We said the jury is the proper audience of the witness. To it is he specially to address himself. He is to look at them; and if he have any perspicacity, he will see what is the force of what he is saying—whether he is understood; at the least he will see if he have so aroused the attention of his hearers as to secure its continuance; nay more, increase it by what follows. Here are twelve men to decide whether a murder has been committed, and whether by the accused. It were desirable that they were all equally capable of instruction by the professional witness—the expert. This is not to be expected. The jury are chosen by ballot, a great number of names being in the box. Inequality in ability cannot be avoided; and it is not to be desired that all be equally capable. Of twelve men taken at large, some one, two or more may understand sufficiently well for all practical purposes, what the witness says; and a larger number may see in the manner of the witness, that he is honest and sincere in what he says. They may feel the moral, if they do not comprehend much of the intellectual; especially may they be in a state to be usefully influenced by what those most taught by the evidence, the counsel, may communicate to them in his pleading. This perhaps is all that is reasonably to be looked for from the jury, and is it not enough?

It has been suggested that it were better to choose the jury from the professions. Physicians are exempt by law. Lawyers are so from their relation to the administration of the laws. And so are ministers, presidents and faculties of universities, heads of incorporate academies, &c. It may seem singular that the best instructed persons in any community are exempt. But is it not well and wise that it is so? Suppose for a moment that it were not so, and that physicians, ministers, and college men, formed a part or most of the jury. Is it at all probable that a verdict would ever be rendered—that such men would ever agree? You might starve them out, but it is seriously to be questioned if more than one would not be found in every jury who would have to complain of the incorrigible obstinacy of all the others. The jury, as at present provided for, is the most important of all social institutions. It makes safe, life—honor—property. In its simplicity is its beauty and power, and who does not venerate him who gave to it its present simple, its wise, its whole life and agency? Is it not, of human institutions, the most perfect in its operation, and most to be honored and valued for its wide and important benefits?

But however important is the function of the jury, and especially its agency in its relation to testimony, the witness is not the only, or the final portion in the apparatus of a civil or criminal prosecution. In a work lying before us is the following, which has a bearing on this point:—

“In every case, the last impression of a jury will be the decisive one. The charge, by which, after the termination of the debates, the presiding judge, versed in the law, seeks to guide the deliberations of the jury, and aid their untaught

judgment, may contribute, indeed, to remove this and the deficiencies remarked below, but the force of it is very inconsistent with the object of jury trials; for it makes him, in most cases, master of the judgment. One may generally foretell, in England, the verdict of the jury from the charge of the judge."

How far this may be the case in America, we do not know. But that it does not always happen that the judge's charge determines the verdict, an instance may be given where it signally failed. A judge of a supreme court, now dead, made of his charge an argument for one party, and with the earnestness and eloquence of a very liberally-fed advocate. The jury's verdict was for the other side. A chief justice, meeting his associate the next day, having seen a report of the action in the morning papers, looking at him with the tail of his eye, said to him, "Brother, I see you lost your cause yesterday."

In a capital trial, after the evidence was all in, Mr. Justice —, of the U. S. Supreme Court, said to the U. S. Attorney, "perhaps the counsel for the accused will let the case go to the jury without argument." After consultation between the counsel, the attorney reported to the court that he agreed to what the judge had suggested. As he arose to address the jury, that body also rose. Judge — begged them to resume their seats, and proceeded at first with the evidence, and then with the argument. It was the most touching scene we have ever, in a long life, witnessed. It is rare, we think, that the offices of advocate and judge are by consent, and in a capital trial, confided to the court; and never have we listened to an argument more eloquent. When the judge had taken his seat, the foreman took the sense of his brethren of the jury as to their verdict. It was unanimous for acquittal. And for once the spectators were allowed, without check, to express the pleasure with which the announcement was received.

[To be continued.]

TREATMENT OF NEURALGIA BY SUBCUTANEOUS INJECTION.

BY A. RUPPNER, M.D., BOSTON.

[Continued from page 222.]

CASE III.—*Neuralgia of the Superior and Inferior Maxillary Nerves, or the second and third divisions of the Trifacial. Injection at different points; relief.*

Mrs. —, of Boston, aged 59 years, married, mother of seven children, of nervous temperament; has suffered from neuralgia for about eight years. The pain is confined to the right side of the head and face, principally to the upper and lower jaw.

What degree of excitability the nerves of sensation of the face may reach, was here most fully illustrated. Would that I were able to describe in adequate terms the indescribable sufferings of my patient; not that I find delight in the recital of a, seemingly, too highly-colored tale; no! but to do thereby inadequate justice and

homage to the fortitude and resignation with which Mrs. — has so long borne her suffering. The least breath of air—loud conversation—a sudden noise—the riding in an omnibus over the pavement—even the noise of a passing carriage or other vehicle, over the street—the act of laughing and talking—the taking of fluids, warm or cold, into the mouth—the touching of the gums with the tip of the tongue, would induce a sudden paroxysm of pain, and cause the patient to give vent to her distress in loud screams. At such times, the muscles of the upper lip and cheek of the right side are convulsed; and by placing the hand upon the affected part, which is exceedingly painful to the touch, a regular throbbing sensation is distinctly felt, going tick—tick—tick, with perfect regularity, and reminding one very forcibly of the appropriateness of the French name of this malady, "*Tic douloureux*." The course the pain takes, as it shoots along, is generally regular. Starting from the central and lateral incisor tooth, it shoots upwards to the ala of the nose, thence obliquely upwards and outwards to the infra-orbital foramen, thence to the temple, and finally upwards either to the vertex and again along the suture down to the neck, or from the temple down to the pes anserinus and into the lower jaw.

Is it surprising that the patient's health broke down gradually under so much suffering? For the paroxysms would come on often several times during the day and night—often daily for a week or more, and after a short interval of rest, return to assail her anew. Every thing was tried to give relief, from the medicaments ordered by the most able physicians—which gave temporary relief at least—to the most extolled nostrums of the day.

Sept. 14th.—Examined the patient for the first time, with reference to trying subcutaneous injection. From the direction the shooting pain generally takes, and from the fact of its starting always from the two incisor teeth of the right side, I suspected that much of the trouble was owing to the disordered state of the teeth and gums. Such, upon close examination, did not prove to be the fact exclusively. The gums, however, were in an unhealthy state, and the superior and inferior maxillary bones are, I fear, not in the most healthy condition. Much of the mischief in neuralgia is, no doubt, often owing to decayed teeth; but much harm is also done in indiscriminately extracting teeth, believing them to be the cause of the neuralgia; whilst by removing the tooth, *the nerve, the true seat of the pain*, is by no means reached. Many cases are on record, where no benefit at all was derived from such a procedure (vide case No. 1, of this report); and the present furnishes another illustration of the uselessness of extracting one or more teeth, and the benefit derived from the opposite course when warranted by a correct diagnosis. Several years ago, the subject of the present case had one or more teeth extracted, hoping thereby to get cured of her neuralgia, but in vain. And I believe she

was advised by her physician, and her dentist too, not to have them removed. She has still a strong hope, that if her teeth were extracted, there would be an end to her neuralgia. The successful removal of the right molar tooth, of late, seems to have strengthened her in this belief. But the reasons for extracting that tooth, done by my advice, after consultation with Dr. Keep, senior, of this city, and for not extracting the others, will be apparent very soon.

I decided first to try the effect of the valerianate of ammonia on this patient—a preparation, of which I have already spoken. I prescribed, as follows:—R. Solutionis ammoniæ valerianatis, ℥ii.; syrupi simplicis, ℥ii. M. Cochlear. parv. *pro re natâ*. Also generous diet and pure grape wine. Patient was relieved for the time, but the pain soon returned. I concluded to resort to subcutaneous injection the first time it should return and be severe.

Sept. 15th.—Mrs. — sent for me, having a terrible access of pain. Pressure revealed the *infra-orbital point* to be the most sensitive; I injected ten drops of the solution at that point. Patient felt a sudden warmth pass over her whole body; (complains of having always cold feet and hands, but particularly of the right side;) five minutes after the operation, or thereabouts, she felt no pain at all, and became drowsy. Left her in that state, lying on the sofa. Œdema at the point of injection inconsiderable; very tender to pressure. Some hours later, she said to me: "What did you inject? That drowsy feeling was splendid; I saw such beautiful visions." Towards afternoon she was seized with nausea, which was shortly followed by vomiting. This continued at intervals until evening, when I prescribed: R. Bismuthi subnitratis, ℥i.; infus. gentianæ comp., ℥iss.; aquæ menth. pip., ℥ss. M. One teaspoonful every hour till relieved. Vomiting ceased after taking the first dose. Slept well all night, and was free from pain.

16th.—Still free from pain, except directly over the first molar tooth, at the root of which the pain seems to be situated. Patient is very nervous and weak. Prescribed the following: R. Infus. gentianæ comp., ℥iij.; extract. valerian., fl ℥i. M. Two teaspoonfuls three times per day.

17th.—Patient had, last evening, a severe paroxysm of pain in the upper maxillary bone, caused by sudden excitement and much conversation. It subsided after about an hour, under the use of the valerianate of ammonia.

20th.—Was sent for. Patient was very comfortable yesterday, but to-day suffers much from pain in the superior maxillary bone, just at the root of the first molar tooth. Has also pain in the infra-maxillary bone. Injected five drops at the *mental point*, being the most painful point, and about five drops more, close by the right ala of the nose, in a line with the margin of the same. Pain subsided in about ten minutes, and patient felt quite com-

fortable, with the exception that there was some burning sensation from the puncture made with the instrument. In about ten minutes more a general, comfortable warmth was diffused over the body, and she again passed into a half drowsy state.

21st.—Reports no pain. Comfortable all the rest of yesterday, during the night, and this morning at the hour of my visit. Feels very much debilitated.

26th.—Was requested to see my patient. She reports herself as having been mostly free from pain and more comfortable than ever before, although the weather was very stormy, which had usually affected her very unfavorably. Complains of some pain in the lower jaw, not where I had previously injected, but at the *auriculo-temporal point*, and also at the root of the first molar, as usual. Injected five drops at the *auriculo-temporal point*, and five more near the *ala of the nose*. Patient was at once relieved from pain, and felt easier. I must not omit to state that the patient had mental trouble last week, which may be regarded as the exciting cause of these last paroxysms.

Oct. 1st.—Quite free from pain, with the exception of some slight twinges over the first molar tooth. All the suffering seems to be confined to that place. Patient still takes infusion of gentian and valerian. Tried iron and quinine, but neither agrees with her. Appetite excellent. Pulse 82.

2d.—Complains still of pain over the same tooth as yesterday. Very nervous and excitable about the least thing that is said. Injected again four drops near the ala of the nose. Patient was relieved of pain, but felt very sleepy.

3d.—Reports no pain, but feels much prostrated.

4th and 5th.—Patient exercised both days quite violently. Was exposed to sharp winds. Had, each evening, a paroxysm of most excruciating pain, all starting from the molar tooth. Pain lasts about two hours—from 7 to 9, P.M. Was sent for; when I arrived, somewhat late, pain had subsided. All the pain, which is of a pulling, tearing character, is confined to the tooth. Complains of no pain anywhere else.

6th, 9½, A.M.—Was sent for. Patient had another attack in the same region as on the two previous evenings. Feels very feeble; pulse 72. Injected, directly, five drops over the molar, followed soon by relief. Is sensibly affected by the injection; compares it to a crawling sensation all over the body. Begins to sleep.

7th.—Free from pain. Slept well. Feels weak and prostrated, but not so much as yesterday. Continues her tonic and wine.

16th.—Was called to the patient, who has repeated paroxysms, situated, as before, over the molar. The least touch or motion of the lip produces a paroxysm, which lasts about a minute. Pain does not spread. Injected again with good results.

18th.—Is free from pain, but very nervous. Pulse 104.

19th.—Had several severe, though short, paroxysms this morn-

ing. Is entirely prostrated by pain, and extremely nervous. Any and everything brings on pain. Suffered so severely in my presence, that I injected eight drops of the solution near the *infra-orbital point*, with immediate good result. Patient insists upon having the first molar tooth removed, it being the source of all her trouble. Pulse 98.

1 o'clock, P.M.—Consulted with Dr. Keep, Sen., as to the removal of the tooth in question, at the patient's request. Dr. Keep had extracted several teeth, within the last few years, for the patient, with no good effect as far as the neuralgia is concerned. The pain always shifted afterwards. Patient is still free from pain, and under the influence of the injection of this forenoon. The lip can be raised without trouble. Is very nervous; pulse 120, with violent palpitation of the heart. For these reasons the operation on the tooth is postponed till next day, in the hope of getting the patient more calm, and pulse reduced.

20th, 9, A.M.—Met with Dr. Keep at patient's house. Has passed the previous afternoon and night free from pain. Went down stairs to breakfast, and had a paroxysm. Pulse 88. Lip comparatively free from pain. Dr. K. extracted the tooth without trouble. The appearance of the tooth presents nothing abnormal, except that its fang is very rough, almost serrated on one side and more transparent than usual. Says she feels better. At the evening visit the lady is found to be comfortable, free from pain, but still very nervous.

22d.—No pain. Very weak and nervous. Has little appetite. Pulse 92.

24th.—No pain. Feels stronger. Thinks the vegetable bitters and the wine agree with her.

28th.—Patient is still free from pain. Continues to gain strength.

Nov. 3d.—No pain, and much improved. Can eat without difficulty; sleeps well; has been out in the fresh air almost daily; can ride, &c., without suffering from pain.

11th.—Gives a favorable account to-day since I saw her last. Looks better; has a good appetite, and is in good spirits.

From this date my visits ceased; and patient has continued, as I hear, doing well.

I have reported this case in full, in order to present the effects of often-repeated subcutaneous injection; and to show its power of stopping the pain, at least for a considerable period of time, when a possibility of cure is almost, if not entirely out of the question, thus giving, at least, relief from time to time. Here the *tic douloureux* was so well marked as to leave no doubt in my mind about the nature of the case; the pain was evidently seated principally in the terminal branches of the superior maxillary nerve, in the *mandibulo-labralis* and some muscular twigs of the inferior maxillary, and to a slighter extent also in the *pes anserinus* of the *portio-dura*. Another fact must also not be overlooked

in this case. Patient had always a good appetite, although she was unable to eat on account of the pain caused by the motion of the jaws. Having become much debilitated, a tonic treatment was indicated and vegetable bitters produced the desired effect; whilst iron and quinine could not be borne at all. Much benefit, no doubt, was also derived from the constant use of pure Rhine wine.

CASE IV.—*Neuralgia seated in the right temple; Injection at the Temporo-malar point; Use of the Valerianate of Ammonia; relief.*

Mr. —, residing in Boston, aged 20, book-keeper by occupation, was attacked, some two weeks ago, with violent pain in the right temple, during the night. Is of the sanguineous temperament, and has always enjoyed good health. Is, however, not robust, but rather delicate. Can assign no cause for the pain. Consulted his physician, who prescribed palliative remedies, in the form of ointment, to be applied externally. Did not derive any benefit therefrom.

Sept. 21st.—Consulted me at my office. Pain has been more or less constant; rather dull and heavy instead of lancinating. His teeth are sound. Upon pressure, I discovered the *temporo-malar point* to be the most painful spot of the affected surface. I advised injection, but he rather objected to it, and expressed his preference for internal remedies. Prescribed the valerianate of ammonia in the usual form, and told him to call on me if he did not get relief till morning.

22d.—Reports having obtained no relief from the use of the medicine. Persuaded him to consent to injection. I injected ten drops of the strong solution at the *temporo-malar point*. About fifteen minutes after the insertion of the narcotic, he complained of giddiness, but declared himself free from pain, which was very violent when he entered my office. Went to sleep for almost an hour. Had no pain when he left me, but the point of injection was very tender to the touch, and slightly œdematous. Patient took tonics for a considerable period afterwards. Pain has not returned, up to the present time.

CASE V.—*Severe pain in the teeth of the right side of the Upper Jaw, occurring during Pregnancy; Injection of Opiates into the gums; temporary and partial, but not permanent relief.*

The patient was a German woman, aged 34 years, of nervo-sanguineous temperament, mother of two children, and four months advanced in her third pregnancy. When I arrived, she complained of pain in all the teeth of the right side of the upper jaw. Suspecting them to be at fault, I examined them carefully, and found them perfectly sound; but on the left side there were two decayed ones. Here, however, she experienced no pain at all. I determined to try the effect of opiates by injection, as everything else had been tried. By means of a curved needle, I injected into

the gum fifteen drops of solution No. 4. In about twenty minutes the patient declared her pain to be somewhat less. This being in the forenoon, I called again towards evening, in order to inject once more, so as to give the patient rest over night, if possible, as she had already lost two nights' sleep. Injected again twenty drops of the same solution. Pain was somewhat relieved after half an hour. Patient felt nausea, and soon began to vomit.

When I called next morning, patient informed me that for about two hours after the injection she felt but little pain, but shortly after that time it returned with more violence than ever, and kept her awake all night.

This case not being adapted to the treatment, and having injected for the sake of experiment rather than in the expectation of giving permanent relief, I desisted from any farther operation. The pain subsided, a few days after, spontaneously.

CASE VI.—*Case of Cervico-Brachial Neuralgia of many years' standing; failure of all other remedies; Injection at the Post-Clavicular Point; relief.*

Mr. —, German, 46 years of age, married, a carpenter by trade, has suffered for many years from severe lancing pain in his left arm, which he fractured, at the upper third of the humerus, when 12 years old. The pain is generally most severe after exposure to damp or cold weather, or after a hard day's work. Can generally predict, with considerable certainty, the advent of a paroxysm. Pain is sometimes sharp and lancing, sometimes it partakes of a dull and heavy character. It shoots along the neck, from whence it starts, downwards, is felt all over the shoulder, and is often most severe at the external angle of the clavicle, at its articulation with the scapula. Pressure revealed that the most tender spot was the *post-clavicular point* of Valleix. I inserted my syringe within the angle formed by the clavicle and acromion process, and injected twenty drops of the solution I generally use. Not long after the instrument was withdrawn, the patient felt sleepy and drowsy. No nausea nor vomiting. He remained lying on my sofa for an hour, and when he awoke, declared himself free from pain.

Some weeks after, he called again, the pain having returned with increased violence. I injected, at the same point as before, fifteen drops of my strongest solution. The same phenomena were observed, and the same results followed. Having cautioned my patient in regard to his dress and over-exertion, and having prescribed some stimulating anodyne liniment, to be used in case pain should be only slight in future, I sent him home. This happened in March, 1859. From that time to the present he has had, in cold, wet and damp weather, occasional and very slight pains, which he says are not worth noticing when compared with his former suffering. Is now working at his trade, perhaps more assiduously than ever.

[To be continued.]

Bibliographical Notices.

Therapeutics and Materia Medica ; a Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLÉ, M.D., late Professor of the Theory and Practice of Medicine, &c. &c. 2 vols., 8vo. Pp. 813 and 975. Philadelphia: Blanchard & Lea. 1860.

THE climate of Philadelphia has proved to be as favorable to the growth of doctors as that of the Rhine to grapes, or of Hymettus to bees ; and the doctors that live in an atmosphere, so highly charged with medical literature and learning, yield annually a harvest of books, as readily as grapes produce wine or bees honey. The harvest for 1860 is not yet all in ; but when it has been all gathered for the present year, and for many years to come, we doubt if any of it will surpass in quantity or quality, that which the pen of Dr. Stillé has yielded, and which bears the title we have placed above.

The work, as its name indicates, is a systematic treatise on the agents that are ordinarily included in the *Materia Medica*. It is an excellent *resumé* or compilation of the recorded observations of the medical profession on most of the various drugs that have been used in the treatment of disease. It is written from the point of view of therapeutics ; that is, the action of drugs in health and disease, and the uses to which they may be put by physicians are much more fully described by Dr. Stillé than their physical properties, chemical affinities, or botanical or other characteristics. In fact, the latter points are only touched upon, and sometimes almost too briefly. A few agents besides drugs are described, such as electricity, heat, cold, &c. By far the largest part of both volumes is devoted to drugs alone. On this account we regard the title as somewhat too comprehensive. "Medicinal agents," such as are used by the enlightened practitioner of the present day, include a large number of important remedies, which almost always serve as a basis for the use of drugs and sometimes supersede them. A work which purports to treat of all "medicinal agents" should not exclude these from its pages, under the excuse that they belong to Hygiene. However, we are not going to quarrel with the work on this account. It has too many excellencies, and fills too important a place in our medical literature, to be hastily condemned.

The various articles, which the author describes, are classified under the different heads of Lenitives, Astringents, Irritants, Tonics, General Stimulants, Cerebro-Spinal Stimulants, Spinants, General Sedatives, Arterial Sedatives, Nervous Sedatives, Evacuants—as emetics, cathartics, &c.—and Alteratives. The classification is not a new one, and is, perhaps, as little open to objection as any of the sort. Each class is preceded by an account of the general characteristics of the articles thus brought together. The two volumes open with an introduction, of 116 pages, in which the sources of our knowledge in therapeutics, the physiological action of medicines, the art of prescribing, and other collateral matters, are briefly discussed.

Dr. Stillé has brought to his work a large amount of labor and learning, and the result is alike commendable to his industry and his acquirements. He is evidently familiar with the modern languages of Europe, and has enriched his volumes with ample citations from Ger-

man, French and Italian writers, as well as from English and American ones. This part of his work, by which the reader is enabled to compare the opinions and experience of widely different observers, constitutes, perhaps, its most important feature. If we had the leisure and space to write an elaborate review, instead of so brief a notice as this, there are many other excellencies, which we should take pleasure in pointing out, as well as some points which we should feel obliged to criticise. As it is, we will only say that we have read both volumes, from beginning to end, with equal pleasure and profit, and we commend them heartily to our readers, with the advice to go and do likewise. The work is as honorable to our literature, as it is to the author.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 19, 1860.

SANITARY SCIENCE.—The sanitary condition of the city of New York has for a long time been such as to excite the astonishment and indignation of those who took the slightest interest in the welfare of their fellow beings, and it appears that efforts are at last being made to remedy this growing evil.

In the report of a committee of the State Assembly, we are informed that several attempts have been made to secure some action upon this important matter, but without success until now, and it will appear from the following statements that it is quite time to act. An examination of the sanitary statistics shows that the ratio of mortality to the population is 1 to 36.9 in New York; 1 to 40.2 in Brooklyn; 1 to 48.1 in Boston; 1 to 50.2 in Baltimore; 1 to 52.9 in Providence; and 1 to 63.6 in Philadelphia. If New York had been as healthy as Philadelphia, 9000 persons would have been saved. The causes which produce this excessive mortality affect particularly the young. In Surry, England, ten children in every eighty-six die under the age of one year; in London, one in every five; in New York, ten in every twenty-six, making the mortality of the last place double that of London. This rate is greater than that of any city, large or small, and is mostly owing to the utter neglect of public sanitary measures.

The causes are found both without and within the dwellings of the people, particularly within. The tables of the report exhibit this fact in the most striking manner. Some diseases have increased at an almost incredible rate, particularly cholera infantum and congestion of the brain. Many of the diseases enumerated in the tables referred to are the direct result of deficient ventilation and sunlight, filth of person and domicile, of cellar-dampness and darkness, foul gases, &c. It is said that nearly 200,000 persons in the city live under ground. Although laws have long existed, which might to a certain extent be brought to bear upon this evil, the enforcement of them has for many years been confided to men incompetent to appreciate either their nature or value. From 1804 until 1844, the City Inspector was almost invariably possessed of a medical education. Since that period, the incumbents have invariably been without medical knowledge,

The immense number of poor emigrants from Europe, who crowded into the city, swelled for a time the bills of mortality, but this element cannot explain the progressive increase, which is still so fearfully obvious.

Boston has long afforded a pleasant contrast to New York, and its sanitary condition is confided to the care of competent physicians. Still it is necessary that the people themselves should understand the importance of, and be interested in, the subject of public hygiene. To secure this desirable end, a number of gentlemen met at the house of Josiah Quincy, on the evening of April 7th, to hear the report of a committee previously appointed to draft a constitution for the organization of a sanitary association. The following officers were chosen: *President*, Jacob Bigelow; *Vice Presidents*, John Ware, Prof. W. B. Rogers; *Corresponding Secretary*, G. H. Snelling; *Recording Secretary*, Josiah H. Curtis; *Treasurer*, Otis Clapp; *Directors*, Josiah Quincy, Jr., Dr. Henry G. Clark, Dr. Edward Jarvis, Rev. E. E. Hale, Wm. S. Bullard, Thomas Russell.

CICATRIX-LIKE STREAKS ON THE SKIN OF PREGNANT WOMEN.—Opinions as to the time of appearance, frequency, and other peculiarities, and medico-legal importance of these streaks, are so unsettled and conflicting, that we gladly hail the excellent review of the subject by Crede, of Berlin, one of the editors of the "*Monatsschrift für Geburtskunde und Frauenkrankheiten*" We have prepared for our readers the following propositions which he has established (*Monatschr.*, &c., Nov., 1859, p. 323 et seq.):

1. The streaks on the abdomen more or less extensively exist in the great majority of pregnant females. They appear but very seldom, however, during the first half of pregnancy—frequently not until the last month, or the last but one.
2. Soon after delivery they change in appearance, becoming gradually less evident, unless the skin is made tense, but never entirely disappear.
3. In some cases they do not appear during pregnancy, and sometimes no trace of them can be found after repeated pregnancies.
4. Sometimes they appear for the first time at the second or third pregnancy, or else new streaks are added to the old.
5. They make their appearance also, without the existence of pregnancy—in consequence of diseases producing a rapid and considerable extension of the skin (especially in dropsy, therefore).
6. The quite similar streaks on the breasts, and the anterior surface of the thighs, occasionally, also on other parts of the body, as the buttocks, calves of the legs, &c., merit the same attention as those on the abdomen.—L. ELSBURG, M.D., of New York.

PERSULPHATE OF IRON AS A HÆMOSTATIC.—Monsel, of France, first proposed the use of this excellent hæmostatic, and as its use is becoming more general, we give our readers his process for its preparation.

"Place in a porcelain capsule 100 grammes of distilled water, and 10 grammes of sulphuric acid; raise the mixture to the boiling point, and then add 50 grammes of protosulphate of iron. After complete solution of the latter, pour, in small quantities, into the boiling liquid

16 grammes of nitric acid at 35 degrees. When the rapid discharge of orange-colored vapors has ceased, add, in portions, 50 grammes of the protosulphate of iron, the solution of which will produce again reddish flames, and will cause the excess of nitric acid to disappear. The volume of the liquid is then raised to 100 grammes, by the aid of distilled water, cooled and filtered."

Monsel suggests that 100 grammes of this solution be treated with a few grammes of linseed oil, and that the mixture be shaken three or four times in twelve hours. There is thus obtained a perfectly neutral solution, having no nitrous odor, and susceptible of preservation for a very long time. The solution is limpid, of a very dark brownish red, inodorous, and with an extremely astringent, but non-caustic taste. It marks 45 degrees of the *pese-sels*. When concentrated by boiling, it assumes the consistence of honey, and if, in that condition, it is spread in thin layers on plates of glass, and dried at a temperature of 100 degrees Fahrenheit, it can be obtained in reddish-yellow scales, transparent, like those of the citrate and tartrate of iron.—*Journal de Phar. et de Chim.*

REPORT OF THE PENNSYLVANIA HOSPITAL FOR THE INSANE FOR THE YEAR 1859.—At the date of the last report there were 230 patients in the Institution, since which, 171 have been admitted, and 147 have been discharged or died, leaving 254 under care at the close of the year. The total number of patients in the hospital during the year was 401. The highest number at any one time was 258; the lowest was 230; and the average number under treatment during the whole period was 244. The number of males in the house during the year was 209, and the number of females was 192. The highest number of males at any one time was 136, and the highest number of females was 125. At the beginning of the year, there were 115 males and 115 females. At this date there are 132 males and 122 females. The number of males admitted during the year was 94, and of females 77. Of the patients discharged during the year 1859, were cured, 94; much improved, 12; improved, 19; stationary, 8; died, 14. Total, 147.

Of the deaths, three resulted from acute mania; two from the exhaustion induced by chronic mania and enfeebled digestion; two from organic disease (softening) of the brain; three from tubercular consumption; one from strangulated hernia; two from chronic diarrhœa; and one from chronic dysentery. One of these cases was only two days in the house.

TONGUE REMOVED BY THE ECRASEUR.—In the *New Orleans Medical News and Hospital Gazette* for February, Dr. Choppin reports a case of removal of the tongue, for cancer, with the ecraseur. The operation lasted fifteen minutes, and was accompanied with no hæmorrhage. This operation is usually accompanied with considerable hæmorrhage, and it is highly probable that the ecraseur is, in such cases, a valuable surgical appliance.—*Am. Med. Monthly.*

PROF AUSTIN FLINT, JR., has recently been appointed to the Chair of Physiology and Microscopic Anatomy in the New Orleans School of Medicine. The former incumbent of this chair, Prof. Peniston, has been transferred to the chair of Anatomy, Prof. Beard resigning it and assuming the duties of the chair of the Principles of Surgery and Surgical Pathology, while Prof. Choppin takes a new Professorship, to be called the chair of Clinical and Operative Surgery. Dr. Flint, previous to accepting this position, had resigned his professorship in the New York Medical College.—*Ibid.*

THE Collegiate Department of the Long Island College Hospital opened on the 29th ult., with an introductory by Prof. Hamilton.

THE AMERICAN MEDICAL MONTHLY.—We see by the March number of the *American Medical Monthly* that Dr. Flint, who has recently retired from the editorship of the *Buffalo Medical Journal*, has become one of the editors of this periodical, which, at the commencement of the next volume, takes also the title of *New York Review*.

From the reasons given by Dr. Flint for this change, it is quite clear that his withdrawal from the *Buffalo Journal* was the only course that he, as an honorable and independent man, could have pursued. He regarded himself, as he certainly was, personally responsible for all advertisements which might appear in the periodical under his charge; and so soon as he found that the control over this department was denied him, and that there was an apparent determination on the part of the publisher to admit advertisements of a decidedly objectionable character, there was clearly but one course for him to take.

There has been received at this office, from the late publisher, a circular of such character and tone as to strengthen us in the conviction that Dr. Flint has done wisely to rid himself of all connection with the journal; and as the medical public are not to be deprived of his valuable services, we see no cause of regret, but rather of congratulation, at a step which gives his talents a wider scope.

MEDICAL DEPARTMENT OF LIND UNIVERSITY.—The first annual commencement of this new medical school took place on the 5th of March last. The degree of Doctor of Medicine was conferred on 9 graduates, and the *ad eundem* degree was conferred on Drs. Edward C. Dickinson and Ezra A. Steele, both of Chicago. The valedictory address to the graduates was delivered by Prof. H. A. Johnson. After the public exercises, an entertainment was given by Prof. N. S. Davis, at his residence.

UNIVERSITY OF LOUISVILLE, KY.—The commencement exercises at the close of the twenty-third session of the Medical Department of this University took place recently, and the degree of M.D. was conferred on 41 of the recent class. A brief address was given by Hon. James Guthrie, President of the Board of Trustees, and the valedictory delivered by Prof. J. Lawrence Smith.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 14th, 1860.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	38	38	76
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	36.8	36.4	73.2
Average corrected to increased population,	83.9
Deaths of persons above 90,	1	1

Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
15	2	1	7	2	4

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer,	29.964	Highest point of Thermometer,	57
Highest point of Barometer,	30.256	Lowest point of Thermometer,	37
Lowest point of Barometer,	29.702	General direction of Wind,	S. W.
Mean Temperature,	44.43	Whole am't of Rain in the week	0.484 in.
The weather, during the past week, was very changeable.			

MARRIED.—In this city, Dr. John Adams Tarbell to Miss Eunice Thornton Harris, both of Boston.

Dr. Sanford's communication was received too late for insertion this week.

Deaths in Boston for the week ending Saturday noon, April 14th. 76. Males, 38—Females, 38.—Accident, 1—Inflammation of the bowels, 1—bronchitis, 1—congestion of the brain, 2—Inflammation of the brain, 1—cancer (in the breast), 1—consumption, 15—convulsions, 4—croup, 2—cystitis, 1—diarrhoea, 1—dropsy in the head, 4—infantile diseases, 7—puerperal disease, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 2—disease of the heart, 3—jaundice, 1—Inflammation of the lungs, 7—disease of the liver, 1—measles, 2—old age, 1—palsy, 1—pleurisy, 1—premature birth, 1—rheumatism, 2—smallpox, 4—soft throat, 1—teething, 1—unknown, 4.

Under 5 years, 31—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 15—above 60 years, 8. Born in the United States, 56—Ireland, 14—other places, 6.